

INSTRUCTIONS FOR DENTAL HYGIENE LICENSURE BY EXAM

1. You must have graduated from an accredited dental hygiene program.
2. You must have obtained a passing grade on the SRTA examination or other **REGIONAL** examination and National Board. SRTA scores will automatically be sent directly to the Board office. If you took another regional exam, you must call them and have them send the results directly to the Kentucky Board office or you may request they be sent to you. **If sent directly to you, it must be sent to the Board office in the original sealed envelope.** Examination scores are valid for 5 years.
3. You must pass a Kentucky Jurisprudence Examination which can be taken online at <http://dentistry.ky.gov>. You may reference the statutes and regulations via the web or you may request a law booklet be mailed to you. **Send \$10 to the Board office with your request for a law booklet.**
4. Applications are kept for 6 months from the date received in the board office. If you have not been licensed by this time, you will be required to start the application process over. Your fee would be transferred to the new application with the exception of the \$25 application review fee.
5. We do not make calls to applicants on the status of their application. It is the applicant's responsibility to call the Board office to check on the status of their application.

WHAT TO SUBMIT WITH YOUR APPLICATION

- _____ 1. Application with photo and affidavit. Use the name under which you wish to be licensed. **WRITE WHICH REGIONAL TEST YOU TOOK, THE DATE AND LOCATION ON THE FRONT OF THE APPLICATION.**
- _____ 2. Application fee - \$105 (includes \$25 non-refundable application review fee). This amount covers licensure through December 2010.
- _____ 3. Your National Board Score card (if it has not previously been sent to the Dental Board office. Call the ADA at (800) 621-8099. **Have it sent directly to the Board office.**
- _____ 4. Official copy of your dental hygiene school final transcript with your degree posted. **This must be sent directly to the Board office.**
- _____ 5. Continuing Education:
Completion certificates showing proof of required continuing education hours, taken within 24 months of the date of receipt of your application in the Board office, must be submitted with the application.

2009 graduates do not need to send in proof of CE.

If you graduated in 2008 and submit your application after March 1, 2009, you will need to show proof of taking 15 hours of CE. Of the 15 hours, 10 hours must be scientific presentation format, 5 hours can be business, home study, online, video, magazine or journal articles. If you submit your application before March 1, 2009, you do not need to submit proof of CE.

Applicants graduating before 2007 will need to show proof of taking 30 hours of CE. Of the 30 hours, 20 hours must be scientific presentation format, 10 hours can be business, home study, online, video, magazine or journal articles.
- _____ 6. You must have graduated within the last 2 years from a school which includes a Cabinet of Health & Family Services approved AIDS course. A list of approved HIV/AIDS college curriculums is on the back of this sheet. *For approval on HIV/AIDS courses or for a list of approved courses call (502) 564-6539 or visit their website at: <http://chfs.ky.gov/dph/epi/hiv aids/professionaleducation.htm>
- _____ 7. You must be current in Basic Life Support (BLS) or CPR. ****Send a copy of the front and back of the card. These hours do not count toward the CE requirements.**

IF YOU HAVE BEEN LICENSED AND WORKED IN ANOTHER STATE SINCE GRADUATION YOU MUST ALSO PROVIDE THE FOLLOWING:

- _____1. Current letter (within 3 months) verifying licensure in each state you hold or have previously held a license (copy of license not accepted.) Call or write each state Board. This must be sent directly to the Board office from the verifying agency.
- _____2. National Practitioners Data Bank Report and AADE Clearinghouse Report. This can be obtained by an electronic query done by the Board office. Fill out the National Practitioners Data Bank Report and AADE Clearinghouse Report application (available at <http://dentistry.ky.gov/forms.htm>) and send with your Licensure Application. **Enclose the \$25 fee.**

IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.

Make checks payable to: KENTUCKY BOARD OF DENTISTRY
Mail application to 312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE KY 40222
PHONE: 502/429-7280

*** Approved Dental and Dental Hygiene HIV/AIDS College Curriculums**

University of Florida- Gainesville
University of Kentucky
University of Louisville
University of Tennessee – Memphis
William Rainey Harper College, Palantine
Elizabethtown Community College
Lexington Community College
Mayesville Community College
Prestonsburg Community College
Western KY University
Shawnee State University
University of Cincinnati
University of Mississippi
Medical College of Georgia
Virginia Commonwealth
University of New Mexico, Albuquerque
University of Missouri – Kansas City
University of Michigan – Ann Arbor
Santa Fe Community College
Lewis & Clark Community College
Wytheville Community College

**** Approved Providers of CPR, BLS and ACLS Certification**

American Red Cross
American Heart Association
American Safety & Health Institute (Florida)
Active Canadian Emergency Training
(A licensee / applicant must receive Board approval before another provider's certification may be used to meet KBD application or CE requirements.)